

Promising Practices Lead to High Return Rate of Fecal Immunochemical Tests in the Louisiana FIT Colon Program: a Statewide Colorectal Cancer Screening Demonstration Pilot

Colorectal Cancer Problem in Louisiana

Louisiana ranks number one in the nation for deaths from colorectal cancer (Cancer Control Planet, 2002–2006), which is partially due to late-stage diagnosis and high numbers of uninsured and underinsured residents. Colorectal cancer treatment is costly for the state, and incidence rates are not decreasing as quickly as those in the nation, especially among African Americans.

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The Louisiana Comprehensive Cancer Control Program worked with state partners to establish the Louisiana FIT Colon Program (FITCo) through funding from the state legislature to address these needs. A 2-year (2008–2009) comprehensive colorectal cancer screening pilot was to produce a sustainable program that addresses health disparities, capacity building, screening, diagnostics, support services, and administration.

Infrastructure: Before Screening Could Begin

To ensure appropriate follow-up care for patients with a positive fecal immunochemical test (FIT), FITCo established a coordinated referral system

between federally qualified health centers, Louisiana Breast and Cervical Health Program clinics (early detection providers), and state hospitals. Additionally, nine much-needed colonoscopes and other peripheral equipment were purchased.

Program Successes and Highlights

Data for fiscal years 2008–2009 showed a high return rate (71%) of the take-home FITs. FITCo attributes the high return rate to the FIT chosen for the program and the structure of the patient navigation. The FIT requires only two stool samples with limited stool handling, and has no dietary or medicinal restrictions. Additionally, the patient mails the samples in a self-addressed, postage-paid envelope directly to the laboratory, reducing lag time by third parties. Since providers do not collect or mail the samples, they have more time to recruit, educate, and navigate.

Patient navigation was a key component of the program. Providers were required to educate eligible patients on colorectal cancer and on using and mailing the FIT. Providers tracked patients receiving tests and laboratory results, following up weekly with all patients who had received the test but had not returned it. Navigators also ensured that patients with positive results received appropriate follow-up care.

These practices demonstrate the importance of patient navigation and a user-friendly screening test to ensure higher patient compliance, and ultimately to reduce illness and death from colorectal cancer.

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